

FORM LM-30  
LABOR ORGANIZATION OFFICER AND  
EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>5570</u>	2. Fiscal Year Covered From: <u>01/01/2004</u> Through: <u>12/31/2004</u>
3. Name and address of person filing. Name <u>TED</u> <u>P</u> <u>STAFFORD</u> P.O. Box, Bldg., Room No., if any _____ Street <u>53 W. Seegers Road</u> City <u>ARLINGTON HEIGHTS</u> State <u>ILLINOIS</u> ZIP Code + 4 <u>60005</u>	4. Name, file number, and address of labor organization. Name _____ Labor Organization File Number <u>067-623</u> P.O. Box, Building and Room Number, if any _____ Street <u>53 W. Seegers Road</u> City <u>ARLINGTON HEIGHTS</u> State <u>ILLINOIS</u> ZIP Code + 4 <u>60005</u>
5. Position in labor organization. <u>President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7. a. Nature of Interest, Transaction, or Income. _____ 7. b. Amount _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*[Signature]*

On

8/3/05  
Date

847-981-1290  
Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name C. MARSHALL FRIEDMAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

THIRTEENTH FLOORStreet 1010 MARKET STREETCity ST. LOUISState MISSOURIZIP Code + 4 63101

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

ATTORNEY

11.b. Approximate dollar value of such dealing.

UNKNOWN

12.a. Nature of interest held or income received.

CHRISTMAS GIFT  
DECEMBER 2004

12.b. Amount.

\$39.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.



Ted P. Stafford  
53 W. Seegers Road  
Arlington Heights, IL 60005

US Department of Labor  
Employment Standards Administration  
Office of Labor-Management Standards  
200 Constitution Avenue NW, Room N-5616  
Washington, DC 20210

To Whom It May Concern:

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some items may have been unintentionally omitted.

Respectfully,

A handwritten signature in cursive script, appearing to read "Ted P. Stafford".

Ted P. Stafford